

Section C. Organization and Administration

C.1 Organizational Structure

State Organizational Structure

The mission of DHCS is to protect and promote the health status of Californians through the financing and delivery of individual health care services. DHCS is the single state Medicaid agency and one of 13 departments within the California Health and Human (“CHHS”) Agency.

The CHHS Secretary administers state and federal programs for health care, social services, public assistance and rehabilitation, informs Governor Schwarzenegger’s Administration about the current health and human services issues, and provides leadership in developing future initiatives. CHHS established the Olmstead Advisory Committee to assist in identifying issues, barriers and potential policies for the Administration to consider as the state moves forward with Olmstead implementation, and to support and provide guidance for projects such as California Community Transitions.

CCT is consistent with:

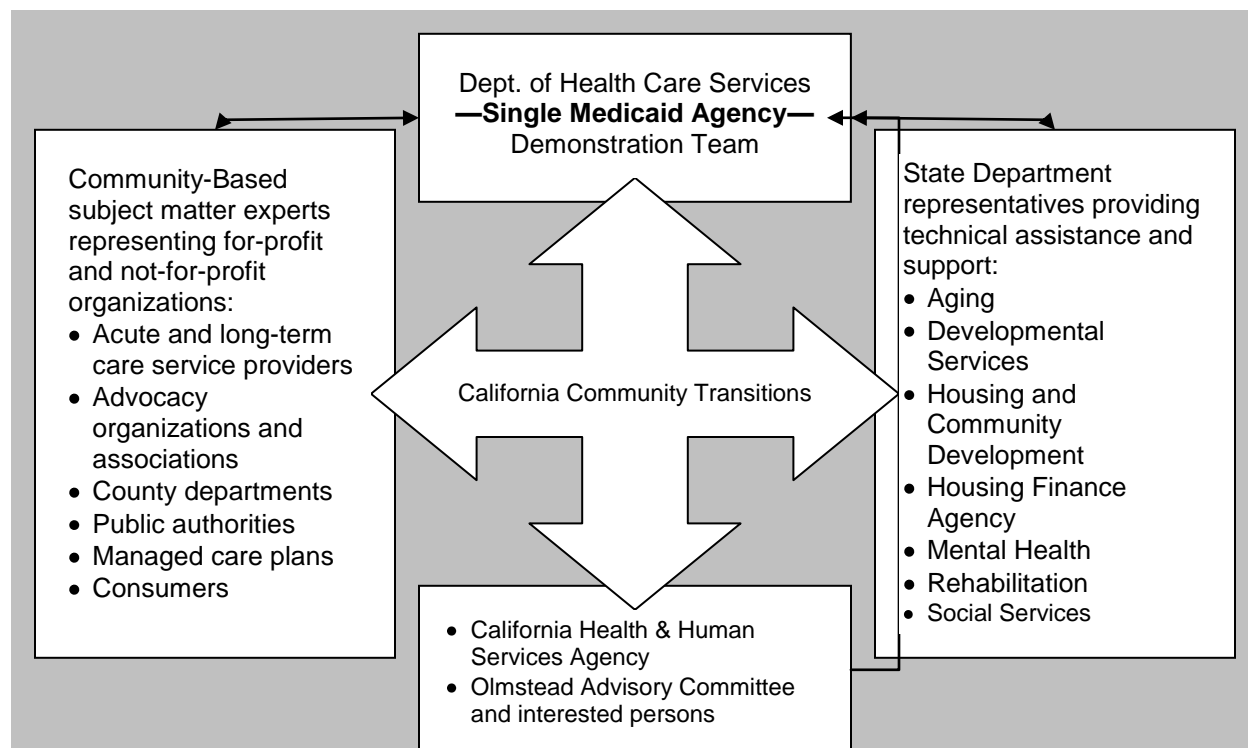
- The Administration’s focus on health care access and reform, and commitment to increasing access to home and community-based services as an alternative to care in an inpatient health facility care.
- The principles set forth in the Supreme Court’s Olmstead Decision—to increase consumer choice and control for elders, older adults, persons with disabilities and chronic illnesses, their family members and caregivers; and to ensure access to an appropriate array of insitutional and home and community-based long-term care supports.
- The recommendation of California’s Olmstead Advisory Committee to assist residents in health care facilities who prefer to live in a community setting.
- DHCS’ mission to preserve and improve the health status of all Californians and its strategic objective of fostering integrated service delivery by increasing collaboration across health and human service programs.

The CCT demonstration is administered by the Department of Health Care Services (DHCS) Long-Term Care Division, in close coordination with the California Departments of: Aging, Developmental Services, Mental Health, Public Health, and Social Services. Each of these state departments provides services to specific populations. They coordinate with DHCS waiver and monitoring staff, and have developed formal partnerships with numerous divisions within DHCS.

The LTC Division director and the CCT project director will maintain ongoing communication with these state departments and with other DHCS divisions to ensure successful implementation and administration of the demonstration.

- The Department of Aging serves as a focal point for federal, state and local agencies that serve elders and adults with disabilities, oversees Older Americans Act programs through 33 area agencies on aging and contracts with 41 Multipurpose Senior Services Program sites statewide to deliver waiver services. Department representatives attend CCT advisory committee meetings and are available to consult with members of the project team as needed.
- The Department of Developmental Services contracts with 21 regional centers to provide services and supports via the Developmental Disabilities waiver to children and adults with developmental disabilities, i.e., mental retardation, cerebral palsy, epilepsy, autism and related conditions. Department representatives attend CCT advisory committee meetings and are available to consult with members of the project team as needed.
- The Department of Social Services oversees county-based personal care services through the statewide IHSS program and the IHSS Plus section 1115 demonstration waiver. Services are authorized by county social workers. Department representatives attend CCT advisory committee meetings and are available to consult with members of the project team as needed.
- The Department of Mental Health provides leadership for local county mental health departments, evaluates and monitors public mental health programs—including caregiver resource centers, administers federal and state funds for mental health programs and services (1915(b) waiver for county-based Specialty Mental Health plans), and is responsible for the care and treatment of the severely mentally ill at the five state mental hospitals and acute psychiatric programs. Department representatives attend CCT advisory committee meetings and are available to consult with members of the project team as needed.
- The Department of Public Health operates the Acquired Immune Deficiency Syndrome waiver, and oversees statewide arthritis, Alzheimer’s disease, and other chronic disease and wellness programs and services. Department representatives attend CCT advisory committee meetings and are available to consult with members of the project team as needed.
- The Department of Rehabilitation (DOR) contracts with 29 independent living centers (ILC) which work in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living and equality for individuals with disabilities. ILCs have expressed interest in becoming HCBS waiver providers; consequently, DOR and DHCS jointly conducted trainings for ILCs during October and November 2007. Currently three ILCs are approved Medi-Cal providers.
- As discussed in B.9, Housing, state housing partners include the Department of Housing and Community Development, which administers, develops and advocates policies and laws to further housing and community development; and the California Housing Finance Agency, which supports the needs of renters and first-time homebuyers by providing financing and programs that create safe, decent and affordable housing opportunities for individuals within specified income ranges.

As discussed in B.4, Stakeholder Involvement, the 23-member Transitions Advisory Committee plays a critical role in the development and implementation of the demonstration. The relationship between each of the partners is illustrated in the graphic below and in Appendix IX.



Utilization of Regional Transition Teams

As discussed in section B.1, Participant Recruitment and Enrollment, county and community-based organizations throughout the state have an opportunity to participate in the demonstration. DHCS has initially designated four lead organizations to participate. These four organizations have entered into an agreement with DHCS to organize regional transition teams, recruit and enroll participants, and carry out the goals of California Community Transitions.

In November 2007, DHCS began recruiting for agencies interested in becoming lead organizations to organize regional transition teams in Year 2 (date of CCT implementation through December 31, 2008). The focus for Year 2 is to engage organizations with recognized experience with individual inpatient facility residents in planning and carrying out successful transitions to community living. DHCS plans a second recruitment to identify regions for Years 3, 4 and 5. This two-step recruitment opportunity will enable regions with varying levels of capacity and commitment to consider and re-consider their interest in the Demonstration. The recruitment for regions for Years 3, 4 and 5 will likely occur in or around the fall of 2008.

Year 2 teams will work with DHCS and the TAC to provide technical assistance based on past successes with local individuals transitioning from inpatient facilities. These Year 2 teams will assist DHCS in training other teams, for a total of at least 10 teams statewide, for Years 3, 4 and 5. Every effort will be made to include interested stakeholders at every stage of the Demonstration.

C.2 Staffing Plan—Amended and Approved by CMS on June 30, 2010

Project Team (DHCS staff)

The CCT project team is located in the DHCS' Long-Term Care Division (LTCD). The LTCD employs full-time nurses who are responsible for administering HCBS waivers as follows:

- Direct management of the In-Home Operations and Nursing Facility/Acute Hospital waivers, including program eligibility determinations, authorization of services and implementation of quality assurance activities.
- Collaboration with the Department of Developmental Services in the monitoring and oversight of the Developmentally Disabled waiver including conducting joint onsite visits with regional centers, beneficiaries, and providers of services.
- Collaboration with the California Department of Aging in the monitoring and oversight of the Multipurpose Senior Services Program waiver, including conducting onsite visits with local sites and beneficiaries;
- Collaboration with the Department of Social Services in the monitoring and oversight of the Personal Care Services Program and the IHSS Plus waiver.

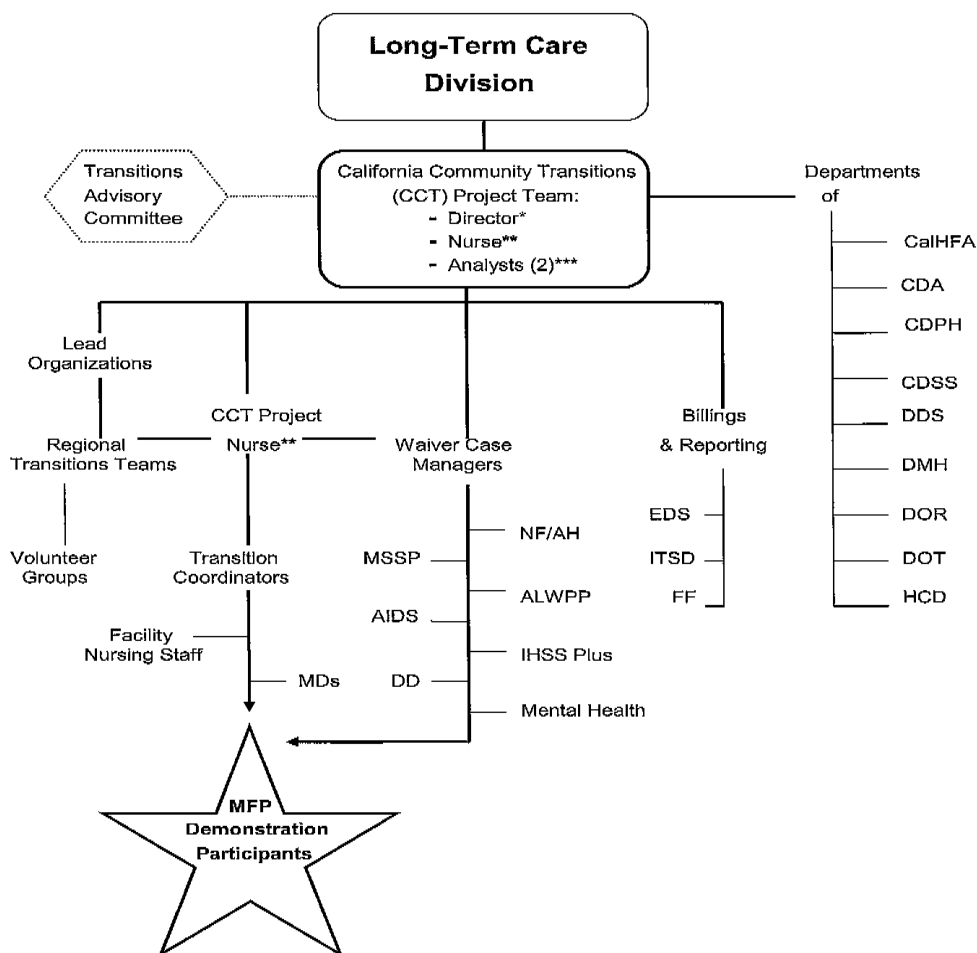
Conveniently, the project team is physically located within close proximity of the HCBS waiver administration staff, which provides the opportunity for close collaboration with staff in existing systems and programs. Coordinated efforts will require meeting regularly, gathering data, and providing technical assistance across the LTCD.

The existing CCT project team includes the following members:

- Unit Manager (Health Program Manager I)
- Project Director (Health Program Specialist I)
- Assistant Project Director (Associate Governmental Program Analyst), effective May 11, 2010)
- Project Nurse (Nurse Consultant), effective January 1, 2008
- Associate Project Nurse (Nurse Evaluator II), effective June 1, 2010
- Associate Project Nurse (Nurse Evaluator II), effective upon approval of the State Fiscal Year 2010/2011 Budget.
- Associate Governmental Program Analyst, effective January 1, 2008
- Research Analyst II, effective April 1, 2008

Duties and responsibilities of the CCT project team follow the next graphic entitled, “California Community Transitions Project Team’s Reporting and Coordinating Responsibilities Relative to Internal and External Stakeholders.”

California Community Transitions Project Team’s Reporting and Coordinating Responsibilities Relative to Internal and External Stakeholders



* The project director coordinates with the Transitions Advisory Committee, state department representatives, lead organizations and internal management.

** The project nurse coordinates with the lead organizations, regional transition teams and transition coordinators to oversee development of demonstration participants' comprehensive service plans, and links them to state-employed or contracted waiver case managers of existing Medi-Cal waiver and state plan services.

*** Two analysts coordinate with internal department staff to ensure accurate accounting, reimbursement, and reporting systems are in place.

The Long-Term Care Projects Unit Chief served as the full-time CCT Project Director from June 1, 2007 through July 31, 2009. Current responsibilities include, but are not limited to:

1. Providing overall supervision of Unit staff/CCT team members including, but not limited to, conducting performance reviews, approving absence requests, and authorizing training and travel requests.
2. Acting as a resource for the Project Director on day-to-day CCT activities.

3. Recruiting new CCT Lead Organizations and outreaching to stakeholders.
4. Managing global CCT issues such as improved access to affordable and accessible housing for participants.
5. Supervising the drafting and production of the CCT quarterly and semi-annual reports.
6. Attending CCT-related meetings as requested by the Project Director.
7. Serving as the Division's liaison for integration of long term care services and supports.

The Health Program Specialist I has served as the full-time Project Direct since August 1, 2009; credentials are provided in Appendix VIII.

1. Overall project administration, including project planning, coordination with internal and external partners, and coordination, monitoring, evaluation and reporting functions.
2. Executing the protocol.
3. Providing technical assistance to local partners and other partner departments.
4. Convening and conducting regular meetings of the Transitions Advisory Committee.
5. Acting as liaison with other state department partners.
6. Sharing CCT activities and progress with partners and other interested stakeholders.
7. Fostering important intradepartmental relationships.
8. Monitoring implementation of local projects and project outcomes.
9. Ensuring compliance with all federally required demonstration and reporting requirements.

As illustrated in the previous graphic, the Project Director is an active member of the project team who are all employees in the Long-Term Care Division. Together, the project team coordinates with Transition Advisory Committee members, state department representatives, Olmstead Advisory Committee members, lead organizations, regional transition teams, inpatient facilities, and stakeholders.

Transitions Advisory Committee members, state department representatives, and other interested stakeholders have varying degrees of involvement with the project team. The project team openly communicates with all stakeholders primarily via phone and e-mail. State department representatives provide technical assistance and support, and share information regarding changes in the federal and state laws, regulations, and policies that could affect the demonstration.

An Assistant Project Director (Associate Governmental Program Analyst) has served full time since May 11, 2010.

The Assistant Project Director's responsibilities are to:

1. Coordinate with the Project Director to update and maintain the CCT Operational Protocol and Transition Coordination Handbook.
2. Document, research, and assist with resolution of barriers that make it difficult for lead organizations to transition interested and eligible consumers, including, but not limited to, denied claims, housing availability, etc.
3. Outreach to Public Housing Authorities and social service organizations to increase housing options for CCT participants.
4. Use appropriate Medi-Cal software programs to review CCT participants' eligibility and notify CCT Project Director of potential problems.
5. Manage the process of identifying potential participants by coordinating with lead organizations and project team members.
6. Review health care coverage for all potential participants and notify the lead organizations and/or the Project Director of impending conflicts related to Medi-Cal billing.
7. Review transition coordinators' case notes to ensure documentation conforms to expected outcomes.
8. Manage e-files and other paper documents pertaining to CCT.
9. Manage all mailings and electronic transmission for CCT.
10. Manage presentation materials for CCT team members for workshops and trainings (Unit Chief, Project Nurse, and/or Project Director).
11. Perform other duties as directed by the Unit Chief.

The full-time project nurse will:

1. Oversee the Preference Interview process and the transition planning activities of the regional transition teams.
2. Work with transition coordinators on comprehensive service planning and waiver enrollment issues to ensure demonstration participants safely return to, and remain at home or in, a community setting.
3. Adjudicate Treatment Authorization Requests for provision of services to demonstration participants.
4. Monitor the quality and effectiveness of the transition coordinators.
5. Work closely with the transition coordinators who will facilitate waiver enrollment, and ensure needed services are in place in the community to meet the needs of demonstration participants.
6. Provide guidance, training, technical assistance and evaluation of local activities, including:
 - Consulting with hospital discharge planners and field staff to coordinate safe placement into the community.

- Researching best practices from CMS nursing home transition programs.
- Providing input to create clear and concise transition marketing materials to be distributed to hospital patients awaiting transition to a nursing facility, nursing facility residents, family members, and facility administrators.
- Developing and presenting workshops for nursing home administrators and social workers to educate them on the benefits of the waivers and the process for deinstitutionalization.
- Conducting outreach to hospital discharge planners and developing a process for reaching elders and persons with disabilities who have been rehabilitated and who could transition to community-based settings.
- Working with transition coordinators to help identify potential eligible facility residents.
- Serving as a resource for issues around transition.
- Providing direct technical assistance to resolve problems related to the most complex and sensitive transition cases.
- Assisting analysts in developing reports on facility stays and collecting other data to help determine cost effectiveness.

Upon approval of this protocol, the CCT project nurse will work closely with lead organizations and transition coordinators. The project nurse developed the demonstration's core curriculum and as previously discussed, conducted the first training session for the lead organizations in April 2008, and in May 2008 to the Long-Term Care Division nurses who hold responsibility for the Nursing Facility/Acute Hospital waiver. Additional training sessions are being scheduled to provide guidance to other key stakeholders, including the transition coordinators, on conducting Preference Interviews and Quality of Life surveys. These trainings will be held on an ongoing basis, as required.

The project nurse will be an integral link for transition coordinators once potential participants are identified. While the transition coordinators are initially the primary contacts for demonstration participants, facility staff and physicians, the transition coordinators' primary contact at the state level is the project nurse. As potential participants work closely with the transition coordinators to develop individualized comprehensive service plans and ultimately, discharge plans, the project nurse coordinates with the appropriate waiver case managers to synchronize delivery of services on the first day of the demonstration.

Once the transition is completed, the project nurse will periodically follow up with demonstration participants and will continue to monitor the ensuing Quality of Life Survey processes scheduled after one year and two years following the date of participants' discharge.

Additionally, the other two analysts employed in the Long-Term Care Projects Unit are integral members of the demonstration team. The analysts are knowledgeable concerning state and federal laws, regulations, policies, and contracts. Examples of the analysts' duties include, but are not limited to:

1. Taking responsibility for meeting demonstration requirements for federal funds claiming and reporting.
2. Developing data systems and reporting requirements for transition teams.
3. Establishing and maintaining effective working relationships with staff from numerous DHCS divisions including Information Technology Services, Budgets, Accounting, and Fiscal Forecasting to ensure access to fiscal and programmatic data and consistency with claiming federal financial participation.
4. Coordinating and monitoring the demonstration's cost savings impact to the Medi-Cal program by tracking the services selected by demonstration participants.
5. Providing technical assistance and performing analysis on complex accounting documents to prevent duplication of payments.
6. Ensuring consistency of reporting Medi-Cal expenditures under the demonstration's benchmarks, drawing upon data from multiple existing Medi-Cal systems.

The CCT analyst works closely with the project nurse to obtain data on demonstration participants in order to locate and collect any reimbursements related to the all QHCBS, and demonstration and supplemental (if any) services provided to participants during the first year following the date of discharge. These analysts also coordinate with staff from EDS (fiscal intermediary), the Information Technology Services Division, and the Fiscal Forecasting Division for CMS' reporting purposes.

The project team works together closely and collects all data related to demonstration activities. Appropriate information is then shared with executive management, the Transitions and Olmstead advisory committees, and CMS.

Demonstration Reporting

The project team compiles federal quarterly, semi-annual and final reports, and any additional program and financial reports requested by CMS. The team uses existing software to capture and monitor expenditures, eligibility and caseload data, and works with staff from DHCS Accounting, Budgets, and the Fiscal Intermediary and Information Technology Systems Divisions. This includes analysis and interpretation of complex financial, benefit, user and caseload and expenditures data related to demonstration participants. The project draws conclusions and makes recommendations to DHCS management. Reports on transition of individuals contain a variety of data such as disability, age, waiver choice, location of participant, and special needs.

Project team members also maintain liaison contacts with state partners, including the Departments of: Aging, Developmental Services, Housing and Community Development,

Housing Financing Agency, Rehabilitation, and Social Services, and with the California Health and Human Services Agency, including the Olmstead Advisory Committee.

C.3 Billing and Reimbursement Procedures

During the first operational year (CY 2008), when demonstration participants are determined to have skilled care needs, they will be enrolled into the Nursing Facility/Acute Hospital (NF/AH) waiver. Welfare and Institutions (W&I) Code § 14132.99 provides the authority to reserve 250 waiver slots specifically for this purpose, and currently, the LTCD has determined there is additional capacity in the waiver. Billing and reimbursement procedures for provision of services to participants will not vary from existing procedures.

Providers submit claims for individual services through the existing Medi-Cal fee-for-service payment mechanisms or through a Medi-Cal managed care plan, as applicable, depending on an individual's preferences for services and enrollment choices. The state project analysts will maintain records in a Microsoft Access database of demonstration participants and their utilization and cost of services, including timelines for the federally required Quality of Life Survey.

Payments for most, but not all, NF/AH waiver and state plan services are made through the approved California Medi-Cal Management Information System. (Few payments are paid through the existing Accounting system after approval by the appropriate DHCS manager.) The DHCS' Fiscal Intermediary and Contracts Oversight Division administers the Medi-Cal claiming system and manages the state's third party fiscal intermediary contract with the fiscal intermediary, EDS. All claims processed through EDS are subject to random post adjudication, pre-payment verification for detection of errors, irregularities, and potential for waste, fraud, or abuse. Specific criteria for appropriate claims processing has been established and measurements against these criteria occur weekly before the release of payments.

The DHCS' Audits & Investigations (A&I) Division is responsible for ensuring the fiscal integrity and medical necessity of Medi-Cal program services, including the NF/AH waiver program. All claims submitted by waiver and state plan providers are subject to random review regardless of provider type, specialty, or service rendered. A&I auditors verify that claims selected have sufficient documentation to approve the claim for payment. Providers are notified if a claim requires additional documentation before approval for payment. Failure to comply with the request for additional documentation may result in suspension from the Medi-Cal program, pursuant to W&I Code § 14124.2.

There are three branches within the A&I Division that conduct reviews using various methodologies to ensure program integrity and the validity of claims for reimbursement.

1. The A&I Medical Review Branch (MRB) performs essential medical reviews of non-institutional providers. Providers may also be subject to a more comprehensive review on a weekly basis known as a pre-check write review. This review is based on a set of criteria, such as irregular billing patterns, designed to identify potential fraud or abuse. Providers selected for this more comprehensive review will receive

an on-site visit by A&I staff. Many of these reviews result in program removal, monetary penalties, or less intrusive sanctions and utilization controls.

MRB also conducts Medi-Cal provider anti-fraud activities which include performing field reviews on new Medi-Cal providers and providers undergoing re-enrollment. MRB is charged with bringing closure to sanctioned providers through audits designed to quantify the abuse, settlement agreement, or permissive suspensions (exclusions) from the Medi-Cal program. Failure to comply with any request by A&I staff for documentation may result in administrative sanctions, including suspension from the Medi-Cal program, pursuant to W & I Code, Section 14124.2. MRB staff work closely with EDS in data mining and extracting processes as well as the performance of the annual Medi-Cal Payment Error Study.

2. The A&I Financial Audits Branch performs cost settlement and rate setting audits of institutional providers, i.e. hospitals, nursing facilities, and certain clinics.
3. The A&I Investigations Branch (IB) conducts investigations of suspected Medi-Cal beneficiary fraud as well as preliminary investigations of provider fraud. IB is also responsible for coordinating provider fraud referrals to the state Department of Justice (SDOJ) and Federal Bureau of Investigation. Suspected fraud or abuse identified through any audit or investigation process is referred to the SDOJ via the IB. IB and MRB coordinate the placing of administrative sanctions on providers with substantiated evidence of fraud. IB serves as DHCS' principal liaison with outside law enforcement and prosecutorial entities on Medi-Cal fraud.

Billing and reimbursement systems for demonstration services will not differ from existing systems. This is because during workgroup meetings held in August 2007, stakeholders proposed that any demonstration and supplemental services (listed in section B.5) should be enhancements to existing waiver services. For example, stakeholders identified "peer mentoring/specialist" as a desired demonstration service. DHCS would enable a current Medi-Cal waiver provider to bill for a current service with an existing code that closely resembles or embraces the goal of a peer mentor/ specialist, i.e., habilitation. The project nurse will review and approve all TARs to ensure demonstration participants receive the services they have chosen in their menu of services.

The project team is currently working with the DHCS Medi-Cal Benefits, Waivers Analysis & Rates Division to identify existing rates and codes that could parallel proposed services. Once developed, project staff will monitor provision of these services and analyze how each service has enhanced the ability of a demonstration participant to live successfully in the community.